"FEE ADDRESS" INDICATION FORM

Address to:
Mail Stop M Correspondence
Commissioner for Patents
P.O. Box 1450

Alexandria, VA 22313-14	50						
Please recognize as the	"Fee Address" under the	provision	s of 37 C	FR 1.3	63 the following	addre	ess:
☐ Customer Number	02545		\rightarrow	Place Customer Number Bar Code Label here			
OR	Type Customer N	umber here	,				
Request for Custome	er Number (PTO/SB/125)) attached	hereto				
Firm or Individual Name	Xerox Corporation						
Address							
Address							
City			State			ZIP	
County							
Telephone			Fax				
in the following listed app	lication(s) for which the Is	ssue Fee h	as been	paid or	patent(s).		
PATENT NUMBER (if known)			APPLICATION NUMBER				
			10/776,516				
					1		
					mi	W	11
(check one)				7	/ s	gnatur	
Applicant/Inventor			James A. Oliff				
Assignee of record	of the entire interest			_	Typed o	r printe	d name
Attorney or agent of record 27,075 (Reg. No.)				(585) 423-4687 Customer's telephone number			
Assignment recorded at Reel Frame		rame		_		Date	